



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM
1101 RIVERSIDE DRIVE, P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102-0176

EMISSIONS INVENTORY QUESTIONNAIRE (EIQ)

FORM 1.0 DS SUBMISSION OF REVISED EMISSION TOTALS AND ADDITIONAL FEES OWED

FACILITY NAME				FIPS COUNTY NO.		PLANT NO.		YEAR OF DATA	
CHARGEABLE EMISSION TOTALS ORIGINALLY SUBMITTED BY COMPANY (MAXIMUM 4,000 TONS/YR PER POLLUTANT)									
PM10	SOX	NOX	VOC	CO	LEAD	HAPS	PM2.5	NH3	
REVISED CHARGEABLE EMISSION TOTALS									
PM10	SOX	NOX	VOC	CO	LEAD	HAPS	PM2.5	NH3	
SUM OF REVISED CHARGEABLE EMISSIONS SUBJECT TO FEES (MAXIMUM 12,000 TONS PER YEAR CAP; ROUND FIGURE TO NEAREST TON PER YEAR.)					TONS/YR				
REVISED TOTAL ANNUAL EMISSIONS FEE AMOUNT ENTERED SHOULD BE BASED ON REFERENCED YEAR'S EMISSION FEE.					\$				
LOCAL AIR POLLUTION CONTROL AGENCY EMISSION FEE INFORMATION (IF APPLICABLE)									
CHECK NUMBER			CHECK DATE			LOCAL EMISSION FEE AMOUNT \$			
ANNUAL EMISSION FEE ORIGINALLY REMITTED TO THE STATE									
CHECK NUMBER			CHECK DATE			CHECK AMOUNT \$			
AMOUNT OF EMISSIONS FEES TO BE REFUNDED FROM A DIFFERENT YEAR									
CHECK NUMBER			CHECK DATE			AMOUNT OF REFUND \$			
ADDITIONAL FEES TO BE REMITTED TO THE STATE Revised total fees owed minus the fees originally submitted, any local fees and any refunds, if applicable.									
CHECK NUMBER			CHECK DATE			CHECK AMOUNT \$			
THE UNDERSIGNED HEREBY CERTIFIES THAT THEY HAVE PERSONALLY EXAMINED AND ARE FAMILIAR WITH THE REVISED EMISSIONS INFORMATION AND STATEMENTS AND FURTHER CERTIFIES THAT THEY BELIEVE THIS INFORMATION AND STATEMENTS TO BE TRUE, ACCURATE AND COMPLETE. THE UNDERSIGNED CERTIFIED THAT KNOWINGLY MAKING A FALSE STATEMENT OR MISREPRESENTING THE FACTS PRESENTED IN THIS INFORMATION IS A VIOLATION OF STATE LAW.									
PRINT NAME OF AUTHORIZED COMPANY REPRESENTATIVE						TITLE			
SIGNATURE						DATE			
A SEPARATE FORM 1.0 DS SHOULD BE COMPLETED FOR EACH YEAR IN WHICH ADDITIONAL FEES ARE OWED. RETURN THIS FORM, SIGNED AND DATED, ALONG WITH A CHECK FOR THE AMOUNT OF THE ADDITIONAL FEES, PAYABLE TO THE MISSOURI AIR POLLUTION CONTROL PROGRAM. MAIL TO THE STATE AIR AGENCY LISTED AT THE TOP OF THIS FORM AND MAIL A COPY OF THIS FORM TO THE APPROPRIATE LOCAL AGENCY, IF APPLICABLE.						OFFICE USE ONLY			
						CHECK NUMBER	DATE RECEIVED		
						CHECK AMOUNT \$	CHECK DATE		
						LOGGED IN BY	CLASSIFICATION		